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CONTENTS.

CLINICS.

Clinical Lecture on the Reduction of Dislocations of the Shoulder. By H. Hancock, M.D., 69
SKETCHES AND ILLUSTRATIONS
OF MEDICAL DELUSIONS.

Mesmerism, - - - - - 72
Hydropathy—the Water Quackery in the
year 1736. As described by the celebrated
Rousseau, - - - - - 72

MEDICAL NEWS.

Domestic Intelligence.—National Medical
Convention, - - - - - 73
Mortality of New York and Philadelphia, - 73
Maryland Hospital, - - - - - 73
Massachusetts State Hospital for the Insane,
at Worcester, - - - - - 74
Obituary Record, - - - - - 74

Foreign Intelligence.—New Compound of
Chlorine, Iodine, and Mercury, in Scrofula.
Sulphate of Quinine in large doses, in Ty-
phoid Fever, - - - - - 74
Granular Disease of the Pharynx, - - - 74
Quinine in Acute Rheumatism, - - - 75
Thoracic Vibration, - - - - - 75
Rheumatic Carditis, - - - - - 75
Extemporaneous Vesication for Endermic
Medication, - - - - - 76
Compression of the Carotid in Epistaxis, - 76
The Varioloid Disease, - - - - - 76
The Cholera, - - - - - 76
Ibrahim Pacha and M. Lallemand, - - - 76
The Harveian Oration at the Royal College
of Physicians, - - - - - 76
Obituary Record, - - - - - 76

TODD & BOWMAN'S PHYSIOLOGY,

TWENTY-FOUR PAGES.

CLINICS.

Clinical Lecture on the Reduction of Dislocations of the Shoulder. By HENRY HANCOCK, M.D. (Continued from p. 64.)

Heel in the Axilla.—Reduction by means of the surgeon's heel in the axilla has been much commended by Sir Astley Cooper, who says that it is the best method in three-fourths of the recent cases.

Like everything else in surgery it has its supporters and opponents, the latter of whom have advanced objections, which, however weighty they may seem in theory, do not appear to be so valid in practice. This is one of the plans which have been handed down to us by Hippocrates, although, from the favourable light in which it was regarded by the late Sir A. Cooper, it is frequently described in this country as emanating from him. Albucasis recommends the interposition of a round ball of some substance between the heel and the axilla, "*deinde medicus calcaneum suum super sphæram et elevet caput humeri cum virguli*," but this is rarely required. Sir A. Cooper recommends its employment in the following manner:—"The patient lying near the edge of a sofa

or table, the surgeon binds a wet roller immediately above the elbow, upon which he ties a handkerchief; then, with one foot resting on the floor, he sits down on the bed and places his other heel in the axilla against the head of the bone; three or four minutes will usually suffice, but if any more force is required, a long towel may be employed, and several persons pull." Sir A. Cooper goes on to observe, that he generally bent the forearm nearly at right angles to relax the biceps muscle, but he had, in many instances, extended from the wrist by tying the handkerchief just above the hand; but more force was required in this than in the former mode, though it has this advantage, that the bandage is less liable to slip.

Mr. Bransby Cooper, in the last edition of Sir Astley's work, adds, "It is better for the surgeon to make the extension from the patient's wrist, which he should grasp with one hand;" and the grounds upon which he rests this opinion, are, that the surgeon, at the long end of the lever as well as at the fulcrum, has his sense of touch to appreciate the effect of the force upon the resistance, and therefore is able at once to modify its application as circumstances may require.

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VOL. IV.—8

Whilst extending the patient's wrist, and counter-extending by his heel, he immediately perceives the slightest change in the position of the head of the bone, and he can simultaneously by the lever direct it towards the glenoid cavity. This was also the opinion of the late Mr. Howship.

Verduc, who says, "This method is indeed very good," directs, that while it is proceeding an assistant should keep up the arm with a handkerchief, a fine napkin, or a piece of list, and, with the sole of his foot, press the shoulder downwards and facilitate the re-entrance of the head of the bone into its cavity. This recommendation, however, is not original, as it is more fully described in the writings of Ambrose Paré.

John de Vigo recommends a long piece of wood, having one end round; this is to be placed in the axilla of the patient lying on a bed. The surgeon then presses his foot against the wood, whilst he, at the same time, draws down the arm. This, which differs in no way from the ball in the axilla, possesses no superiority over the mere heel, which, after all, is as good a measure as can be employed in recent cases.

Among its supporters are, Wiseman, Sir A. Cooper, Messrs. Lawrence, Petit, Lanfranc, Syme, Le Clerc, Howship, B. Cooper, and, indeed, most of the best surgeons; but on the other hand it is opposed by men of equal reputation. The late Mr. Bromfield describes it, but not in the most favourable terms. Sir Philip Crampton says, "It is true, that in this method, which has the reputation of being very successful, the arm is drawn downwards in a direction nearly parallel with the body, but it by no means follows, because this method is often successful, that the force employed is most advantageously applied," and he seems to infer that this measure is attended with unnecessary injury to the soft parts, as he adds, "the desideratum is to effect reduction, with the least possible violence to the parts."—Boyer objects to it, that there is always a direct impulse communicated to the head of the humerus, which has the double inconvenience of being higher than the extension, and of acting at the same time with it. However, he admits that the proceeding, as described by Hippocrates, perhaps contains the germ of the improvements in the various methods at present in vogue.

M. Latta, who has stated his objections at length, thus expresses himself, "This me-

thod of the heel is similar to the rolling pin. When attempted, the patient is laid on his back upon the floor, and the surgeon sitting on the same, puts his foot in the axilla, pressing the head of the bone strongly upwards, whilst he extends the arm strongly with both his hands, laying hold at the wrist, as he cannot grasp it above the elbow. Sometimes, when the head of the bone has been driven down directly into the axilla, we are directed to put some round hard body, such as a tennis ball, between the heel and the axilla. This makes the method still more similar to the rolling pin.

"In whatever way we proceed it must be objectionable:—

"1st. By laying hold of the arm below the elbow joint, we stretch, and are in danger of hurting that joint.

"2d. By the yielding of the ligaments of the elbow-joint, we lose a great deal of force which ought to have been spent on the humerus, and are thus obliged to use a much stronger extension than would otherwise have been necessary.

"3d. By extending the forearm, we put a number of muscles upon the stretch, which ought always to be kept in a state of relaxation, and thus greatly impede the reduction of the bone.

"4th. It is evident, that by pushing with the heel, as well as with the rolling pin, we push the bone, not into the socket, but into the neck of the scapula, and thus, instead of forwarding the reduction of the joint, we hinder it as much as is in our power."

"I have been witness," adds this author, "to several cases when the heel had been used, and where the inflammation ran to such a height that it required the utmost care and attention to prevent mortification; and yet, for all the trouble the surgeon had been at, and the pain he had given the patient, the bone still remained dislocated.—Indeed, although methods of this kind may succeed in relaxed habits, or, as many say, feminine constitutions, yet I will venture to affirm that in young and vigorous subjects, they will fail in nine cases out of ten."

More recently, Mr. Mayor, of Lausanne, in the *Gazette Médicale* for 1840, asserts, that this method, as practised in England, is open to the four following objections:—

"It compresses the sub-axillary tendons of the pectoralis major and latissimus dorsi; it draws blindly on the wrist, and not from the elbow; it does not flex the forearm. It is

therefore deprived of the governing force by which we may surely and easily guide the head of the bone into its proper place."

I have here given you the arguments for and against this mode of reduction, that you might have the whole question fairly before you. I have entered upon the subject very fully; but in these lectures I am not so anxious to govern you by any opinions of my own, as to lay before you what has been written by authors upon the point, that you may be enabled freely to draw your own deductions, and judge for yourselves, whether the opinions I express are based on sound grounds or not.

Let us now examine the validity of the objections urged by MM. Boyer, Latta, and the rest, against this mode of proceeding. Boyer included reduction by the heel in the axilla in his class of coaptative measures, to which he was decidedly opposed.

It appears to me that both he and Latta mistook the principles upon which the heel acts, more particularly the latter, when he affirms that it pushes the head of the bone into the neck of the scapula. If the arm were placed at right angles with the body, and we pushed in the direction he states, this might be the result; but we do neither the one nor the other. The arm is drawn downwards in a direction nearly parallel to the body, and we must also recollect that the arm is not merely placed in this position and left passive, but that actual extending force is applied to it, equal, if not superior in power to that exerted by the heel; so that even if we pushed in the direction described by Latta, the bad effects would be neutralized, so far as the approximation of the head of the bone to the neck of the scapula is concerned. But in the position in which the arm is placed, and the direction in which the extension is made, it is exceedingly doubtful whether, if we desired so to do, we could succeed in forcing the head of the bone from below upwards; for the heel being inserted internal to the neck of the bone, acts as a fulcrum, the direct tendency of which is, to throw the head of the bone outwards, and not upwards; indeed, this is the object of those who employ this force. The arm is drawn downwards and inwards; the surgeon pushes the upper end of the bone from within outwards, with his heel, thus assisting the leverage exerted by the arm upon itself, whilst, at the same time, it acts upon the anterior edge of the scapula.

I should advise you to adopt the following mode:—Suppose the case to be a dislocation of the right shoulder. Having applied the wet bandage and a pocket handkerchief, or towel, above the patient's elbow, make him lie down on the carpet on his side, then lay a thick napkin or pocket handkerchief across the sole of your right foot, next place that foot as a soft cushion in the axilla; after which you should commence a steady and gradual extension, neither attempting nor desiring to pull it in all at once, but keeping the muscles upon a moderate state of tension, until at length from fatigue you will find them gradually give way. The head of the bone soon begins to move with a vibration which will be sufficiently evident to you. You now steadily increase your extension and bring the arm at once towards the body, when the upper part of the humerus, moving round the firm pad in the axilla, the head of that bone is set at liberty, slips over the edge of the glenoid cavity, and springs into its place, usually with so audible a snap that neither you nor your patient can fail to know it.

This plan is at once simple and effectual; it is attended, when properly applied, with very slight violence to the soft parts, or fatigue to the patient, while it admits of success in most instances, which have not been so long neglected as to render success under ordinary measures impossible.

With respect to the other objections urged by Latta and Mayor against the plan in consequence of the extension being made from the wrist, admitting them to be valid, they can only apply to the instances in which the extension is so employed, and not where the force is applied above the elbow. Before we can agree with M. Mayor, we must first ascertain whether the extension is made so universally from the wrist in this country, as he has asserted. I think you will find it is not. However, we have already described the matter so fully that I will not again open the question further than to observe, that if any advantage is derived from the increased length of lever afforded by applying the power to the wrist instead of to the elbow, it is more likely to be experienced in this method than perhaps in any other which we shall have to consider.

I have often seen luxations reduced by the heel in the axilla, and I have frequently reduced them myself by this method, but I must confess I never, in a single instance,

met with the alarming consequences mentioned by M. Latta; neither do I believe they can occur, unless the surgeon is guilty of unnecessary violence, and is ignorant of the principles which ought to govern him. As to the assertion that the plan fails among young and athletic subjects in "nine cases out of ten," the experience of Sir Astley Cooper, as well as of most other surgeons, proves that it is erroneous and without foundation.

M. Vergneis publishes the following mode of proceeding in the *Bull. de Thérapeutique*:—"The patient being seated on a chair, the surgeon takes the luxated limb and holds it perpendicularly; he applies one hand to the middle of the arm, the other towards the wrist; he next raises his foot and placing it under the luxated head of the bone, he fixes it on the chest and draws the arm slightly towards him, whilst he depresses it in drawing it forwards; he increases the force, at first proceeding quickly." He says he has succeeded where others have failed.

The knee in the axilla acts upon the same principle as the fist, serving as a fulcrum for the arm. Sir Astley Cooper mentions it, and says, that even in persons of powerful muscles, he has known it succeed when the patient remained in a state of intoxication. Mr. Kirby mentions several cases in which he employed it with perfect success, but the method is not considered so good as that of the heel in the axilla. However, I have often succeeded with my knee, without any difficulty.

Let your patient sit on a low chair or stool. If it is the right arm stand behind him, if his left stand before him; raise his arm perpendicularly by the side of his head, and then place the ball of your foot upon the chair or stool, and your knee in the axilla as close as you can against the head of the bone. Now depress the arm forcibly and bring the elbow down towards the patient's side, at the same time raising your heel and pressing with your knee upwards and outwards. You will not succeed so well if you do not in the first instance raise the arm perpendicularly, for the reasons which I have given in treating of "White's Method."—*Prov. Med. and Surg. Journ.*, March, 1845.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Mesmerism.—From a letter published in a Dublin paper, it appears that the £100

note deposited for six months in the bank of Messrs. Ball and Co., which was, according to the terms of the advertisement in the public papers, "to become the property of any person who, without opening the envelop in which it was contained, should describe every particular respecting the note—such as its number, its date, the bank at which it was payable, &c., and who should read three English words, plainly written on a slip of paper, which was contained in the same envelop with the note," has not been awarded. The six months expired on the 31st March, but the time was extended to the 18th of April, to meet the convenience of a lady, a professor of mesmerism, and the authoress of an ingenious book on the subject, who arrived from London in the beginning of the month, and who expressed a wish to have some time longer to prepare her *clairvoyance* for the test. Six months and seventeen days having expired, and no person having appeared at the bank to examine the envelop, it was opened on the 18th instant, in the presence of Messrs. Ball and Doyne, and one or two other persons connected with the establishment. The note proved to be a printed check issued by the house of Messrs. Ball and Co. for £100, payable to *Œdipus* or bearer, and dated the 1st of October, 1845. The English words (written on a separate slip of paper) were, "To *Œdipus* alone." Although no person applied at the bank to inspect the envelope containing the note, some communications were received from different parts of England, and one from America, (but none from Ireland,) containing mesmeric revelations respecting the number of the note; and one letter (from Plymouth,) inclosed a picture, or (intended) *fac-simile* of it. It is unnecessary to add, that these mesmerically-inspired persons were mistaken in every particular.

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Hydropathy—the Water Quackery in the year 1736. As described by the celebrated *Rousseau*.—However, the country air failed to restore to me my original health. I was languid, and became still more so. Being sick of a milk diet, it was necessary to discontinue it. At that time water was the fashionable remedy for all diseases. I put myself on the cold-water system, and with such little discretion, that it nearly relieved me, not only of my ills, but of my life. Every morning, as soon as I was up, I went to the fountain, with a huge goblet, and

drank, as I walked about, as much as two bottles full of water. I entirely left off taking wine at my meals. The water which I drank was a little hard, and difficult to pass, as mountain springs generally are. In short, I succeeded so well, that in less than two months I entirely destroyed the powers of my stomach, which had been very good up to that time. Being no longer able to digest anything, I thought it useless any longer to hope for recovery. At this time an accident happened to me, singular in itself, and in its consequences, which will only cease with my life.

One morning, when I was no worse than usual, whilst raising up a little table which had fallen, I perceived a sudden and almost inconceivable revolution throughout my whole body. I know not how to compare it better than to a kind of tempest, which, arising in my blood, gained in an instant all my limbs. My arteries commenced beating with such force, that I not only felt their beating, but I even heard it, especially the beating of the carotid. In addition there was a great noise in my ears, and this noise was triple, or rather quadruple—to wit, a deep hollow buzzing, a clear murmur like that of running water, a very shrill blowing sound, and the beating which I have mentioned, the blows of which I could easily count, without feeling my pulse, or touching my body with my hands. This inward noise was so great, that it destroyed that fineness of hearing which I had had formerly, and rendered me, not entirely deaf, but hard of hearing, as I have continued to be ever since that time.

One may judge of my surprise and consternation. I gave myself up for dead, and took to my bed. A physician was sent for, to whom I related my case trembling, supposing it beyond remedy. I think he thought so too; but he knew his business, and began long reasonings, of which I understood nothing at all. He commenced in *anima vili* the experimental treatment which it pleased him to adopt. It was so troublesome and disgusting, and succeeded so little, that I soon left it off; and at the end of some weeks, finding that I was neither better nor worse, I left my bed, and resumed my ordinary habits of life, with the beating of the arteries, and the buzzing in the ears, which from that time—that is to say, for thirty years—has not ceased for one minute.

I was constantly troubled with this noise.

But I suffered no pain, or other inconvenience, except an habitual sleeplessness at night, and always had short breath, not amounting to asthma, but only making itself felt when I wished to run, or to make any active exertion.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

National Medical Convention.—At the meeting of the *Connecticut State Medical Society* on the 13th May, a resolution was adopted authorizing the county societies to elect delegates to the great National Medical Convention to be held in Philadelphia on the first Wednesday of May next.

Mortality of New York and Philadelphia.

—The mortality in the cities of New York and Philadelphia, during the week ending the 18th of July, was almost unprecedented, the number of deaths in the former having been 425, and in the latter 251. A large proportion of the deaths were among children. In New York there died under one year of age 169, and in Philadelphia 108. Affections of the brain and digestive organs were the principal causes of mortality.

In New York there died of apoplexy, 31; coup de soleil, 21; convulsions, 51; dropsy of the head, 26; inflammation of the brain, 20; cholera infantum, 52; cholera morbus, 5; diarrhoea, 16; dysentery, 11; inflammation of bowels, 20; do. of stomach, 7; making 260.

In Philadelphia the deaths were from excessive heat, 7; apoplexy, 6; congestion of the brain, 4; convulsions, 19; dropsy of head, 5; disease of brain, 2; effusion in brain, 2; inflammation of brain, 7; cholera infantum, 46; cholera morbus, 4; diarrhoea, 7; disease of bowels, 1; dysentery, 6; hemorrhage from bowels, 1; inflammation of stomach and bowels, 7; inflammation of liver, 1; making 125.

During the succeeding week ending on the 25th July, the mortality diminished to its usual limits, having been in New York 284, and in Philadelphia 135.

Maryland Hospital.—Prof. FONERDEN has been elected physician to this institution, in the place of Dr. Fisher, who has been compelled to resign by impaired health, after a faithful service of ten years.

Massachusetts State Hospital for the Insane, at Worcester.—Dr. CHANDLER has been elected superintendent of this hospital in the place of Dr. WOODWARD, resigned.

Obituary Record.—Died, at Greencastle, in June last, Dr. JOHN M'CLELLAN, in the 84th year of his age. Dr. M'Clellan was a pupil of the late Dr. Rush. He commenced the practice of medicine in 1788, at Greencastle, and continued it with great energy and high reputation until some ten or twelve years ago, when he in some measure retired, dedicating his time to consultations and important surgical operations. As early as 1805 he extirpated the parotid, an account of which was published in the American Journal of Medical Sciences, for April, 1844.

FOREIGN INTELLIGENCE.

New Compound of Chlorine, Iodine, and Mercury, in Scrofula.—M. ROCHARD has communicated to the Académie des Sciences, Paris, a paper entitled "Trial of a New Compound of Chlorine, Iodine and Mercury, in the treatment of Scrofulous Affections."

The author reports a considerable number of cases, the results of which seem to him to prove that this composition, which M. Boutigni has made known, and designated by the name of "*iodhydrargirite de chlorure mercurieux*," exercises an efficient action in scrofulous affections of the most serious character, and also in inveterate cutaneous diseases. He states that after having obtained some rapid cures in psoriasis lichen, chronic eczema, herpes, maculæ, &c., the idea occurred to him of extending its employment to the treatment of scrofula. He cites, amongst others, some successful cases of white swelling, with caries, and fistulous canals; of numerous enlarged indurated or ulcerated ganglia; of chronic ophthalmia, complicated with ulcerating keratitis of ulcerated lupus; of goitre; and finally of large scrofulous abscesses, succeeding to an anti-syphilitic treatment. In these several cases the action of the remedy was quick and permanent, though varying in the various forms of the diseases. M. Rochard employs the medicine externally in the form of ointment.

—*Prov. Med. and Surg. Journ.*, June 3, from *Gaz. Méd. de Paris*.

Sulphate of Quinine in large doses, in Typhoid Fever.—M. PAUL BOUCHER has

undertaken a series of investigations on the physiological and therapeutical action of the sulphate of quinine in large doses, in typhoid fever—a subject which has recently attracted much attention among French practitioners. The following are the conclusions which he thinks himself justified in forming, as the result of his own personal observations:—

1. The non-acid sulphate of quinine, in the dose of from two to four grammes in a mixture of 125 grammes, administered in spoonfuls by the mouth, every two hours or more, does not produce any serious consequences.

2. It is generally taken with repugnance; often immediately after having been admitted into the stomach producing a temporary nausea, and sometimes vomiting.

3. The mucous membrane of the digestive passages does not experience from it any injurious influence; there is only some slight sensation of heat in the course of the œsophagus to the cardia.

4. The eruption of the lenticular spots of the skin and sudamina is not modified, and it appears to be the same also with the intestinal eruption.

5. Its administration is often followed by a remarkable amendment, which is sometimes only transitory.

6. The apparent convalescence is generally rapid, but it is not the same with confirmed convalescence.

7. This apparent convalescence is owing to the modification of the general condition; the intestines not partaking in this modification.

8. The nervous phenomena and the slowness of the circulation which are caused by the quinine, soon cease when the administration of the medicine is suspended.

9. It diminishes the headache, and often causes it to disappear; the pain is then replaced by heaviness of the head.

10. It often hastens the return of natural sleep.

11. Finally, it does not appear that the sulphate of quinine should constitute a special method of treatment, but it may prove serviceable combined with other means.—*Ibid.*

Granular Disease of the Pharynx.—During a year or so that M. CHOMEL's attention has been directed to this affection he has seen, or collected accounts of, about 30 cases. Of these, none has been observed in persons

younger than 15. Of 22 cases occurring in his own practice, 17 were males, most of them (like women subject to uterine granulations) being also liable to herpetic eruptions, and especially to acne. In most there is also a peculiar form of the palatine arch, narrowing the nasal fossæ, and contracting the lips, so that these are never completely closed. Such persons sleep with the mouth half open, and awake with it in a very dry state, the pharyngeal follicles becoming, under these circumstances, excessively developed, in consequence of the constant evaporation of the buccal fluids produced by this contact with the air. Thus, also, the persons in whom the complaint is most frequently met with, are those who employ their vocal organs considerably, as orators, singers, advocates, professors, &c.

The affection usually comes on slowly, and excites little uneasiness at first, save from the constant hawking it gives rise to. This sometimes becomes quite sonorous, and is accompanied by involuntary attempts at deglutition, and if the irritation is propagated to the œsophagus, a frequent desire to drink. There is a dryness or itching in the pharynx, and the voice is more or less affected. The expectoration consists of transparent viscous globules of a slight opaque tinge, or streaked black or slate colour. On examination, we find the pharynx covered with little red points the size of hemp-seed, but sometimes being much more voluminous. They may be grouped into arabesque-like forms, into little discs, or as nipple-shaped projections. Granules are also usually found upon the palate and uvula, but then they are more discrete. The mucous membrane retains its normal characters.

The course of the disease is always chronic and remitting, it being especially troublesome in cold and damp weather. It never spontaneously disappears, and often obstinately resists treatment. Of 14 cases which M. C. had occasion to see at more or less remote periods after treatment, but 4 remained cured, the others being only relieved. The diagnosis of the affection is easy enough, as it obviously consists in hypertrophy of the numerous muciparous follicles of the pharynx. In treating the disease, M. Chomel has tried all descriptions of astringent gargles, &c., with but indifferent success, and when it proves obstinate, cauterizing the mucous membrane is the only means likely to prove serviceable, fluid

caustics having been found more useful in his hands than solid ones.—*Med. Chirurg. Rev., from Gaz. Medicale.*

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Quinine in Acute Rheumatism.—Three years have elapsed since M. BRIQUET communicated the success which attended the use of quinine in cases of acute articular rheumatism at the Hôpital Cochin. Several practitioners have resorted to it with the same result: but its employment has become by no means general, partly in consequence of too large doses being given at first, and various accidents in consequence ensuing. M. Briquet formerly gave from 4 to 6 scruples in the 24 hours, but now gives but from 1 to 4, discontinuing it when any sign of prostration manifests itself. He employs the neutral salt rendered soluble by sulphuric acid. From the first or second night sleeplessness disappears, and a little later there is a more or less marked diminution of the pain and swelling of the joints. From the third to the sixth day the rheumatism may become cured; but when the cure is so prompt as this there is usually some return of pain, with or without swelling, again requiring the use of quinine. As a general rule the patients are cured or notably relieved from the ninth to the twelfth day of treatment.—*Med. Chirurg. Rev., from Gaz. Méd. Chirurg., No. 17.*

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Thoracic Vibration.—M. C. BROUSSAIS states that he is surprised this sign is so much neglected in practice. In health it is much less marked in persons having weak or sharp voices, and in whom the cellular tissue is infiltrated or adipose, than in those whose voices are grave, and the walls of whose chests are of little thickness and only covered by their muscular layers. In disease it becomes *diminished*, in pleuritic effusion (and perhaps in the case of false membranes) re-appearing when the fluid is absorbed. It is *increased* in the induration of the parenchyma by red or gray hepatization, in chronic pneumonia, and when the tissue of the lung becomes condensed by pleuritic effusion, providing this be not too abundant, when the lung becomes reduced to nothing, or too sparing, when it is not sufficiently condensed.—*Ib., from Gaz. des Hôpitaux, No. 46.*

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Rheumatic Carditis.—M. CHOMEL, in a recent clinical lecture, stated that he believed that affections of the heart as a conse-

quence of rheumatism, are of exceeding rare occurrence.—*Ib.*, from *Gaz. Méd. Chirurg.*, No. 13.

Extemporaneous Vesication for Endermic Medication.—Place a piece of silver money on a plate, and lay upon it two circles of old linen of rather less diameter. Saturate these with *liq. ammon.* and then apply the apparatus, with its linen surface downwards, to the skin, and maintain an equable pressure with the finger. In ten minutes the skin is observed to redden at the circumference of the money, and on the apparatus being removed vesication will take place.—*Ibid.*, from *Bull. de Thérap.*

Compression of the Carotid in Epistaxis.—Two cases are related in which obstinate epistaxis was effectually arrested by temporary compression of the common carotid artery.—*Gaz. Méd. Chir.*, No. 23.

The Varioloid Disease.—Dr. RITTER, of Rottenberg, has published a long paper on the varioloid disease, with historical researches on small-pox inoculation and the vaccine. The author sums up his researches with the following propositions:—

1st. The varioloid was known in Europe previously to the introduction of vaccination, and has no relation with it as a cause.

2d. The varioloid has been observed in vaccinated persons, in those not vaccinated, in those who have, and in those who have not had small-pox; sometimes occurring independently, sometimes at the conclusion of, or at the same time, as variola and the vaccine. It is not, therefore, a hybrid, but a special disease.

3d. In inoculating with the varioloid, persons who have or have not been vaccinated, or who have or have not had small-pox, pustules are obtained, in part varioloid, and in part resembling those of the vaccine—an evident proof of the special nature of the varioloid.

4th. If a mixture of small-pox and vaccine matter be inoculated, pustules which resemble one or other of these diseases are produced, but not varioloid pustules. This disease, therefore, is not a mixture of the other two.

5th. The varioloid is spontaneously developed in our climate under certain atmospheric conditions, and may be propagated by infection or inoculation and never become epidemic.

6th. Infection and contagion are not sufficient to occasion the varioloid to become epidemic; it is also necessary that the system be prepared to receive it by certain states of the atmosphere, epidemic constitution, &c.

7th. The varioloid is commonly a mild disease, and rarely fatal.—*Prov. Med. and Surg. Journ.*, from *Medicin. Corr. Blatt.*

The Cholera.—According to the latest intelligence from India this disease was ravaging many districts and causing numerous deaths. It prevails at Aden, and is travelling westward.

Ibrahim Pacha and M. Lallemand.—During the stay of Ibrahim Pacha in the capital of France, he was desirous of engaging the services of M. Lallemand, the author of the "*Pertes Séminalles Involontaires*," as his medical attendant; the doctor accordingly gave up his practice for a considerable time, to attend on the son of Mehemet Ali, without, however, making any arrangement as to the fees or salary to be received for attending on the health of his highness; two or three days before the departure of Ibrahim Pacha for this country, he sent 50,000 francs (\$10,000) to the learned professor. This sum was not considered satisfactory by M. Lallemand; he therefore respectfully submitted that he considered his fees should be estimated at 200,000 francs (\$40,000). This intimation was very annoying to Ibrahim, who considering that, if he had undervalued the services of his doctor, the other had overvalued them, sent him an additional sum of \$20,000, making in the whole the sum of \$30,000, with which the learned gentleman expressed himself satisfied.—*Med. Times*, June 20, 1846.

The Harveian Oration at the Royal College of Physicians, was delivered on the 27th of June, by Dr. Elliotson. The selection of Dr. Elliotson as the orator on this occasion has given great dissatisfaction to the profession in London, in consequence of the notoriety which he has acquired as a patron of mesmerism.

Obituary Record.—Died, in Paris, aged 79, BARON BARBIER, Principal Surgeon and Professor at the Val de Grace, and member of the Academy of Medicine.

—, at Edinburgh, May 29, WM. BALFOUR, M. D.